POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	68904	10/24/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	*(initials)*	901	01/12/01
RESPONSE FORMALITY REVIEW			

01-16-01
1-18-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Best Available Copy

Claim Final	Original	Date			Claim Final	Original	Date			Claim Final	Original	Date
	1					51					101	
	2					52					102	
	3					53					103	
	4					54					104	
	5					55					105	
	6					56					106	
	7					57					107	
	8					58					108	
	9					59					109	
	10					60					110	
	11					61					111	
	12					62					112	
	13					63					113	
	14					64					114	
	15					65					115	
	16					66					116	
	17					67					117	
	18					68					118	
	19					69					119	
	20					70					120	
	21					71					121	
	22					72					122	
	23					73					123	
	24					74					124	
	25					75					125	
	26					76					126	
	27					77					127	
	28					78					128	
	29					79					129	
	30					80					130	
	31					81					131	
	32					82					132	
	33					83					133	
	34					84					134	
	35					85					135	
	36					86					136	
	37					87					137	
	38					88					138	
	39					89					139	
	40					90					140	
	41					91					141	
	42					92					142	
	43					93					143	
	44					94					144	
	45					95					145	
	46					96					146	
	47					97					147	
	48					98					148	
	49					99					149	
	50					100					150	

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)